

## INSURANCE DIVISION[191]

### Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 514F.6 and 2010 Iowa Acts, Senate File 2201, section 16, the Insurance Division hereby gives Notice of Intended Action to amend Chapter 70, “Utilization Review,” Iowa Administrative Code.

The proposed amendment implements 2010 Iowa Acts, Senate File 2201, section 16, which includes advanced registered nurse practitioners and physician assistants in the provisions addressing retrospective payment of clean claims for covered services during the credentialing period.

Chapter 70 does not provide for waivers. Persons seeking waivers must petition the Division for a waiver in the manner set forth under 191—Chapter 4.

Any interested person may make written comments on the proposed amendment on or before July 29, 2010. Written comments may be sent to Angela Burke Boston, Assistant Commissioner, Insurance Division, 330 Maple Street, Des Moines, Iowa 50319. Comments may also be submitted electronically to [angela.burke.boston@iid.iowa.gov](mailto:angela.burke.boston@iid.iowa.gov).

A public hearing will be held at the office of the Insurance Division at 10 a.m. on July 29, 2010. The Division is located at 330 Maple Street, Des Moines, Iowa.

This amendment is intended to implement Iowa Code section 514F.6 as amended by 2010 Iowa Acts, Senate File 2201, section 16.

The following amendment is proposed.

Amend rule 191—70.10(514F) as follows:

#### **191—70.10(514F) Credentialing—retrospective payment.**

**70.10(1) Purpose.** This rule implements Iowa Code section 514F.6 [~~2008 Iowa Acts, House File 2555, section 28~~] as amended by 2010 Iowa Acts, Senate File 2201, section 16, which ~~requires the commissioner to adopt rules to provide~~ provides for the retrospective payment of clean claims for covered services provided by a physician, advanced registered nurse practitioner or physician assistant during the credentialing period, once the physician, advanced registered nurse practitioner or physician assistant is credentialed.

**70.10(2) Definitions.** For purposes of this rule, the definitions found in Iowa Code section 514F.6 [~~2008 Iowa Acts, House File 2555, section 28~~] as amended by 2010 Iowa Acts, Senate File 2201, section 16, shall apply. In addition, the following definitions shall apply:

“*Application date*” means the date on which the health insurer or other entity responsible for the credentialing of ~~physicians~~ health care professionals on behalf of the health insurer receives the ~~physician’s health care professional’s~~ completed application for credentialing.

“*Clean claim*” means clean claim as defined in Iowa Code section 507B.4A(2) “b.”

“*Health care professional*” means a physician, advanced registered nurse practitioner or physician assistant.

“*Health insurer*” means the same as a carrier, as defined in Iowa Code section 513B.2(4), that provides health insurance coverage, as defined in Iowa Code section 513B.2(12).

**70.10(3) Retrospective payment of clean claims.** A health insurer shall make retrospective payment for all clean claims submitted by a ~~physician~~ health care professional after the credentialing period for covered services provided by the ~~physician~~ health care professional during the credentialing period subject to all of the following:

a. The credentialing period shall begin on the application date and end on the date the health insurer or other entity responsible for credentialing ~~physicians~~ health care professionals on behalf of the health insurer makes a final determination approving the ~~physician's~~ health care professional's application to be credentialed.

b. The health insurer or other entity responsible for credentialing ~~physicians~~ health care professionals on behalf of the health insurer shall notify an applicant of its determination regarding a properly completed application for credentialing within 90 days of receipt of an application containing all information required by the health insurer's credentialing form.

c. The ~~physician~~ health care professional shall not submit any claims to the health insurer during the credentialing period.

d. A health insurer shall not be required to pay any claims submitted by a ~~physician~~ health care professional during the credentialing period.

e. The health insurer's time period for timely submission of claims shall not start until the credentialing period has ended. The health insurer's rules pertaining to timely submission shall not be used to deny payment of any clean claims for medical services provided by a ~~physician~~ health care professional during the credentialing period, so long as the ~~physician~~ health care professional submits all such claims within the time period required by the health insurer's rules beginning on the date the ~~physician~~ health care professional is credentialed.

f. After the ~~physician~~ health care professional has been credentialed, the ~~physician~~ health care professional shall submit all claims to the health insurer for covered services provided by the ~~physician~~ health care professional during the credentialing period.

g. After the ~~physician~~ health care professional has been credentialed, a health insurer shall pay all clean claims submitted by the ~~physician~~ health care professional for covered services provided by the ~~physician~~ health care professional during the credentialing period within the time periods specified in 191—15.32(507B).

**70.10(4) *Applicability.***

a. This rule shall not apply to services provided by a ~~physician~~ health care professional that are covered by Medicaid, Medicare, TRICARE, or other health care benefit programs subject to federal regulations regarding eligibility and provider payments.

b. Nothing contained in this rule shall require a health insurer or other entity responsible for credentialing ~~physicians~~ health care professionals on behalf of the health insurer to take any action in violation of the requirements of the National Committee for Quality Assurance (NCQA) or Utilization Review Accreditation Commission (URAC).

c. Nothing contained in this rule shall require a health insurer or other entity responsible for credentialing ~~physicians~~ health care professionals on behalf of the health insurer to credential a ~~physician~~ health care professional or to permit a noncredentialed ~~physician~~ health care professional to participate in the health insurer's provider network.

**70.10(5) *Effective date.*** This rule shall become effective on July 22, 2009.